



# **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY**

**(nb. this policy incorporates Administering Medicines Policy)**

Reviewed and revised June 2017

Signed.....COG

.....HEAD

Next review: April 2020

# Supporting Children with Medical Conditions Policy

## Introduction

Chesterton School recognises its duty under the Children and Families Act 2014 to support children with medical conditions.

Children with medical needs have the same rights of admission to our school as other children. All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

We also recognise that medical conditions may impact on social and emotional development as well as having educational implications. Our school will build relationships with parents and carers, healthcare professionals and other agencies in order to effectively support pupils with a medical condition.

## Aims

The aims of this policy are to ensure that:

- Chesterton School is an inclusive community that aims to support and welcome pupils with medical conditions.
- Parents and carers are confident that their child with a medical condition will receive appropriate support and care.
- Pupils with all medical conditions have the same opportunities as other children at school to:
  - be healthy
  - stay safe
  - enjoy learning and make a positive contribution
  - achieve their full potential.
- All staff understand their duty care to children.
- Relevant staff receive appropriate training, understand the medical conditions that affect children at this school and are able to support children in coping with these.
- Staff feel confident in knowing what to do in an emergency.

And to give clear guidance on:

- The procedures when notification is received that a pupil has a medical condition.
- Roles and responsibilities relating to children with medical conditions in school.
- The development and use of Individual Health Care Plan (IHCP)s (IHP)
- The storage and administration of medicine at school.
- Record keeping in regard to administering medicines.
- Educational visits and sporting activities with regard to children with medical needs.
- Unacceptable practice.
- The complaints procedure, should things go wrong.

## Roles and Responsibilities

The named person responsible for children with medical conditions is Sara Bailey.

### The named person is responsible for:

- Informing relevant staff of medical conditions.
- Arranging training for identified staff.
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information.
- Assisting with risk assessment for school visits and other activities outside of the normal timetable.
- Developing, monitoring and reviewing Individual Health Care Plans (IHCP).
- Working together with parents, pupils, healthcare professionals and other agencies.

### The Governing Body is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that the policy is monitored on an annual basis, and reviewed every three years (or earlier if required).

### The Headteacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver Individual Health Care Plans, including to cover absence and staff turnover.
- Ensuring that school staff are appropriately insured and are aware that they are insured.

### Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in Individual Health Care Plans.
- Working with the named person to ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance.

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. **However, there is no legal duty that requires any member of school staff to administer medicines.**

### The school nurse service is responsible for:

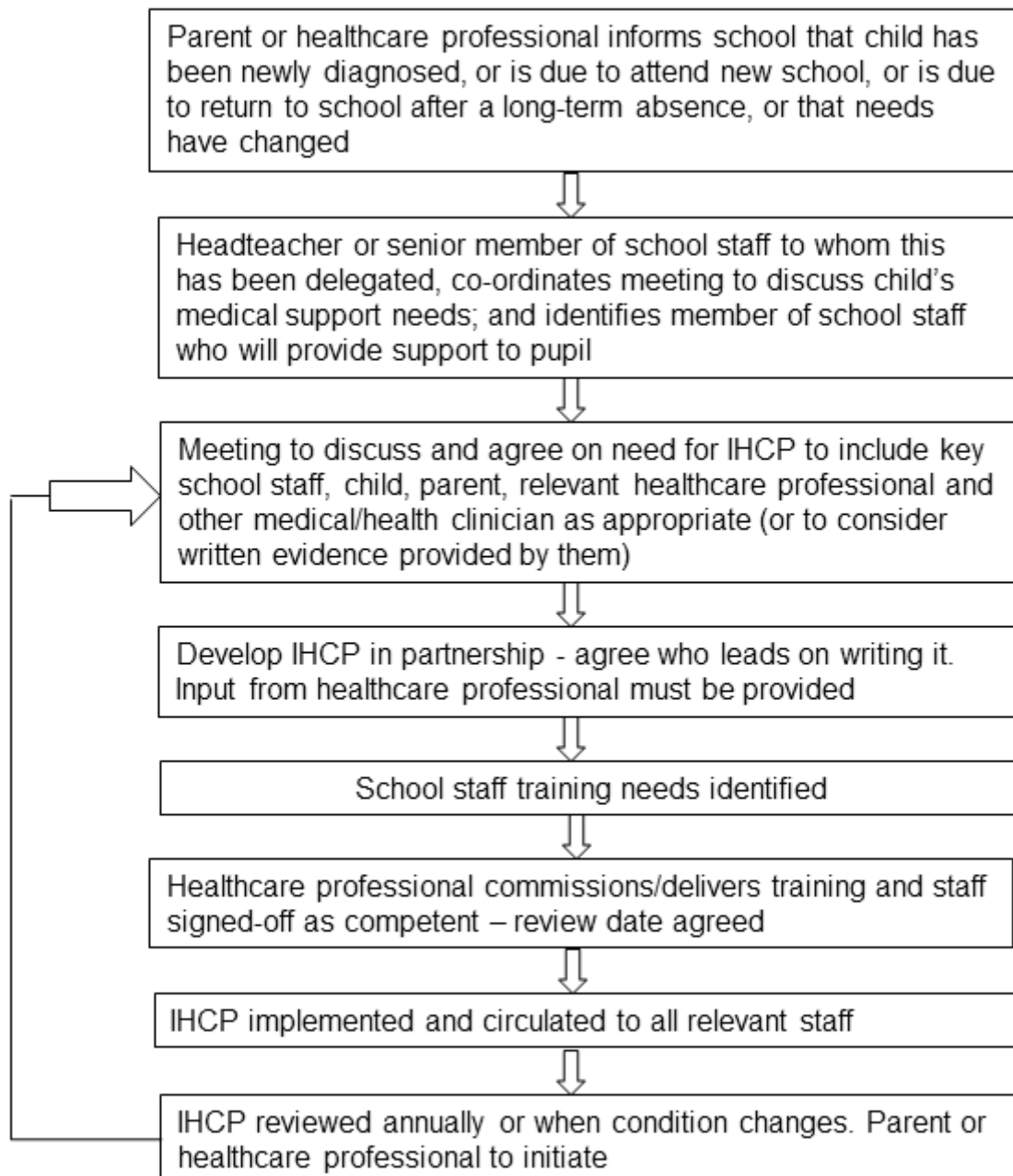
- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this should be done before the child starts at our school.
- Providing support for staff on implementing a child's Individual Health Care Plan (IHCP) and providing advice and liaison including with regard to training.

## Procedure when notification is received that a pupil has a medical condition

The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child

Where appropriate, an Individual Health Care Plan will be drawn up

The process for developing an Individual Health Care Plan (IHCP) is as follows:



## Individual Health Care Plans (IHCPs)

An Individual Health Care Plan (IHCP) will be written for pupils with a medical condition that is long term and complex.

It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and actions to take in the case of an emergency.

Where a child has SEN, but does not have a statement or EHC plan, their special educational needs will be mentioned in their Individual Health Care Plan (IHCP)

Individual Health Care Plans (IHCPs) will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

A proforma can be found at Appendix 1, this will ensure an IHCP will include the following information (as necessary):

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs including:
  - Medication (dosage, side effects and storage)
  - Other treatments (time, facilities, equipment)
  - Dietary requirements (where this is used to manage their condition)
  - Environmental issues (e.g. crowded corridors, movement between classrooms)
- Any specific requirements for the pupil's educational, social and emotional needs including:
  - How absences will be managed
  - Requirements for extra time in exams
  - Additional support
  - Counselling
- Level of support needed, including emergencies
- Who will provide this support (including training and cover needs)
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by pupil.
- What to do in an emergency.

Copies of agreed Individual Health Care Plans (IHCPs) should be kept by class teachers with relevant medication and in child's office file.

## Short Term Medical Needs

Most children will, at some times, have short term medical needs through usual childhood illnesses. In these instances:

- Parents and carers have prime responsibility for their child's health and should not send them into school if they are unwell.
- The school will not administer non-prescribed medicines to children.
- Patent medicines such as cough / throat sweets, lip balm etc. should not be brought into school by children unless agreed with their class teacher, who will store and monitor the use of these items. Sun lotion can come into school, but must be clearly labelled with the child's name and the child should apply it themselves. Children must not share sun lotion.
- The school will not administer prescription medication except as part of a documented long term medical condition (e.g. asthma / eczema) or Individual Health Care Plan (IHCP).

## Medicines in School

- No medicines can be administered in school without written parental consent. This consent may be given as part of an individual health care plan or on a parental agreement form (Appendix 2)
- All medicines should be delivered to the school office by the parent or carer. They should not be given to teachers or support staff in classrooms. Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions:
  - Name of child
  - Name of medicine
  - Dosage
  - Method of administration
  - Time/frequency of administration
  - Expiry Date
- All medicines should be stored in accordance with product instructions (paying particular attention to temperature) and will normally be kept out of reach (with the exception of inhalers and epi-pens, see below).
- Parents are responsible for ensuring that medicines kept within school are within date of expiry and should arrange for safe disposal of unused medicines.

## Record Keeping

- The adult responsible for administering a medicine, or overseeing self-administration, must record and initial the date, time, dose delivered and any reaction on the record of administration (Appendix 3).
- This record should be available for parents to view at any time.
- **If a child refuses medicine, it is not the responsibility of staff to make them take it. Parents should be informed by the end of the same day (or earlier if detrimental to the child) if a child refuses medicine.**

## Children with Asthma

- Children suffering from asthma should be identified to school by their parents / carers. In discussion with parents and health professionals, school will decide if children should have an Individual Health Care Plan (IHCP) or parents should sign to allow children to self-administer their inhaler.
- Children who have inhalers should have them available where necessary - inhalers should be kept in a safe, but easily accessible place. **They should not be locked away.**
- Depending on the needs of the individual, inhalers should be taken to all physical activities (e.g. PE lessons, sports clubs).
- Inhalers should be labelled as outlined above.

## Children at Risk of Severe Allergic Reaction (Anaphylaxis)

- Children at risk of severe allergic reaction should be identified to school by parents / carers and an Individual Health Care Plan (IHCP) put in place
- Relevant school staff will be trained in the administration of emergency medication specific to the individual child's needs. This training is renewed annually.
- All staff will be made aware of children at risk of severe allergic reaction via posters in the staff room and, where practical, steps will be taken to minimise the risk of contact with known allergens.
- Epi-pens or other emergency medicines should be kept in a safe, but easily accessible place the classroom where the child most frequently works. **They should not be locked away.** The location of such medicine will be recorded on the staff room poster.
- Any situation requiring the delivery of emergency medicine will also result in the school calling emergency 999 medical services.

### Action in Emergencies

Individual Health Care Plans (IHCPs) will detail emergency protocols (including the administration of required medicines), however in all cases the following procedure should also be enacted

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The school's telephone number:

**01869 252498**

2. Your name

3. Your location:

**Chesterton CofE Primary School**

**Alchester Road**

**Chesterton**

**Bicester**

**OX26 1UN**

4. Provide the exact location of the patient within the school

5. Provide the name of the child and a brief description of their symptoms (all details should be available on IHCP if they have one.)



6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

- Ask office staff to contact premises to open relevant gates for entry.
- Contact the parents to inform them of the situation.
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

**A copy of this information will be displayed in the school office.**

## **Educational Visits and Sporting Activities**

- The school will always seek to make adjustments, where practicable, to enable children with medical needs to fully and safely participate in educational visits and sporting activities. Arrangements and risk assessments will be made in partnership with parents / carers and relevant medical professionals as appropriate. This will involve sharing information with other professionals (e.g. Education Officers / Sports Coaches) who will work with the child.
- Staff working with children on Educational Visits have a 'duty of care' to act like any prudent parent. For staff leading activities taking place off site, this duty of care could extend to administering medicine.
- Written parental consent for the administration of medicine on a school trip is necessary as outlined above.

## **Unacceptable Practice**

The school will always use discretion and prudent judgement in responding to each individual case in the most appropriate manner. However, it is agreed that **the following items are not generally acceptable practice** with regard to children with long term medical conditions:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged).
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plan (IHCP).
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments).
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.



- Requiring parents or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Personal Care**

Some medical conditions will require staff to undertake personal care activities (e.g. toileting) and where this is the case we will work to ensure that children are not discriminated against and that children and parents / carers are confident in support arrangements. We will also ensure that relevant staff are adequately trained and confident in undertaking such support. Children who require routine personal care are likely to need an Individual Health Care Plan and this will be discussed with parents and health professionals as appropriate. Children who require 'ad-hoc' support (e.g. changing after a soiling accident) will also be supported and parents informed. See Appendix 4 for Personal Care Guidelines.

## **Complaints Procedure**

We will always endeavour to effectively support children with medical conditions, so that they can fully participate, meaningfully contribute and achieve their potential. If parents and carers have concerns about the support that we provide then we would wish them to discuss them directly with school leaders in the first instance. However if, for whatever reason, this does not resolve the issue, then they can make a formal complaint via the school's Complaints Procedure (copies of which are available on the school website and via the school office).



## Appendix 2

### Parental agreement for school to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school

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|  |
|--|

Name of child

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|--|

Date of birth

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| / / |
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Group/class/form

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Medical condition or illness

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#### Medicine

Name/type of medicine  
*(as described on the container)*

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Agreed review date

|        |
|--------|
| ANNUAL |
|--------|

Dosage and method

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Timing

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Special precautions

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Are there any side effects that the school/setting needs to know about?

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Self administration

|     |
|-----|
| Yes |
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Procedures to take in an emergency

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#### Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

|               |
|---------------|
| CLASS TEACHER |
|---------------|

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_



## Personal Care Guidelines

Chesterton CE Primary School is responsible for the care of all children, whatever their needs or difficulties, including children with medical, learning and physical difficulties who have an increased dependency and require practical support with their personal care needs at school.

We have defined personal care as direct care of the child in terms of any personal or personal care activity a child would normally be able to do for him/herself. Such activities can include:

- feeding;
- oral care;
- washing;
- changing clothes;
- toileting;
- supervision of a child involved in intimate self-care.

Personal care may be a routine need for some children (e.g. those with physical difficulties) or an 'ad hoc' activity (e.g. when a child wets themselves)

Parents have a responsibility to advise the school of any known personal or intimate care needs relating to their child, but no child should be discriminated against because of their need for support with such care.

Personal care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on personal care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

The staff at Chesterton recognise the for guidelines that encompass all aspects of procedures. They apply to every member of staff involved in the personal care of the children and they aim to support good practice by:

- Outlining good practice during intimate care tasks so we can distinguish between good and poor care practice
- Protecting the children and the staff who are asked to carry out personal care tasks
- Developing a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

### Guidelines

- **Children and their parents should have confidence in the staff**

All staff involved in personal care routines will have been CRB checked and will receive appropriate training if this is necessary to providing adequate care (e.g. changing colostomy, administering rectal diazepam). Personal care should not be carried out by volunteers or trainees. Parents of children with a

'routine' need of personal care will be invited to discuss whether an Individual Health Care Plan would provide better support for their child. Parents of children who receive help with personal care in an 'ad hoc situation' will be informed of the occurrence on the same day.

A brief record is kept when intimate care is provided (see Appendix 1).

- **Safeguarding for Children and Adults**

Staff should carefully consider the balance between the child's physical requirements and his/her right to privacy with the potential vulnerability of the staff member attending his/her needs. It may be appropriate to have a second member of staff in close proximity.

- **Be aware of the abilities of the child**

The child should be enabled and encouraged, as far as is reasonably possible, to contribute to his/her own intimate care. It may be possible to provide supervision and guidance, intervening only where necessary or if the child asks for help.

- **Ensure privacy, appropriate to the child's age and gender**

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area with all of the necessary equipment to hand i.e. protective gloves, wipes, clean underwear, change of clothes etc.

- **Children have the right to be respected**

Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child should carry out personal care tasks. New members of staff should get to know the children in the classroom context before getting involved in personal care support.

- **A strong focus should be evident on choice and decision making skills**

Wherever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

- **Prepare and involve children in what is going to happen**

Staff will raise the child's awareness of the process - explaining what they are going to do and why at each stage. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate

- **Personal care tasks are not an interruption to the timetable**

These practices should be valued as part of each child's essential curriculum. They are an opportunity to develop independent and age-appropriate skills, increase dignity and to raise self-esteem.

- **Never do any task unless you are confident in your ability to do it**

Appropriate training will be provided if specific intimate care tasks are necessary. If you are unsure of a process - never guess; contact parents or carers or ask a colleague to help.

- **If you are concerned – report it**

If anything causes you concern, follow the school's child protection procedures. If you observe anything worrying e.g. soreness, unusual markings, swelling report it immediately to the designated teacher for child protection.

If a child is accidentally hurt during the personal care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Also report and record any unusual emotional or behavioural response by the child.

- **Health and Safety Issues**

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary.

## **RESOURCES**

Where intimate care is a routine issue or becomes a regular 'ad hoc' issue, school will seek parental views on practices at home. Preferred materials will be used and parents will be encouraged to resource their child's needs whenever possible. Maple Class keeps a stock of gloves, wipes, nappy sacks, appropriate cleaning materials and clean underwear.

**Appendix 5**

**Intimate Care Record**

| <b>Date</b> | <b>Child</b> | <b>Time</b> | <b>Code</b> | <b>Adult<br/>Signature(s)</b> | <b>Comment</b> |
|-------------|--------------|-------------|-------------|-------------------------------|----------------|
|             |              |             |             |                               |                |
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|             |              |             |             |                               |                |

Codes:  
WP=Wet Pants

SP = Soiled Pants

WB=Wiped Bottom

CCS=Child changed self (with guidance)

Personal care involving administration of medicines should be recorded on administering medicines documentation.



